

SECRET
(When Filled In)

REPORT OF TRAVELER'S LEAVE

TO: ☒ Chief, Compensation and Tax Division

☐ Chief, Mobilization and Military Personnel Division

FROM: ☐ Central Travel Branch

DATE

7/17/74

PERIOD OF TRAVEL VOUCHER

FROM 11 JULY 74 TO 12 AUG 74

☒ OC-S/AD/FB/FSS

NAME OF TRAVELER (Indicate "P" if Pseudo)

EMPLOYEE NUMBER

48 2612

25X1A9a

Was traveler authorized Home Leave? ☒ Yes ☐ No

Number of days H/L authorized 15

Audit of the travel voucher indicates leave taken as indicated below. If not previously reported, please charge as shown:

TYPE

PERIOD

HOME

1345 12 JULY TO 1000 25 JULY 74

HOME

2000 26 JULY TO 0530 12 AUG 74

16 E 7/20 48

17 E 8/3 72

18 E 8/17 40 40

900 LP3

25X1A9a

Distribution: Original to C&TD or MMPD
1st carbon copy to Original Travel Voucher
2nd carbon copy to Employee

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25X1A9a

TRAVEL VOUCHER		SUBMIT AN ORIGINAL AND ONE COPY		482612		983-74	
OFFICIAL DUTY STATION OR OFFICE, BLDG. ROOM NO. 1201 Ames		TELEPHONE EXT.		PAYMENT AND/OR BANKING INSTRUCTIONS		TRAVEL ORDER NUMBER OR AUTHORITY FOR TRAVEL	
SUMMARY OF EXPENSES CLAIMED		FROM 11 July 1974 to 12 Aug 1974		CASH <input checked="" type="checkbox"/> TREAS-CHECK <input type="checkbox"/> BANK CASHIER CHECK <input type="checkbox"/> DEPOSIT <input type="checkbox"/>		983-74	
PER DIEM 238.50		TRANSPORTATION 1909.48		OTHER 98.91		TOTAL CLAIMED 2246.89	
LESS ADV., FUNDS AND TRANSP. FURN. 2081.00		BALANCE DUE TRAVELER 165.89		I certify that this voucher and any attachments are correct, the expenses were incurred on official business, and that payment or credit has not been received.		I CERTIFY FUNDS ARE AVAILABLE	
BALANCE DUE FROM TRAVELER (Attach copy of refund receipt)		DATE 12 SEP 74		APPROVAL <input type="checkbox"/> REQUIRED <input type="checkbox"/> NOT REQUIRED		OBLIG. REF. NO. 983 CHARGE FAN ACCOUNT NO. 4179-9400 25X1A6d	
THIS SPACE FOR OFFICE OF FINANCE USE ONLY		TOTAL CLAIMED		ADJUSTMENTS: per AADS		DESIGNATION OF AGENT TO PICK UP CASH (both signatures required when applicable)	
NET ALLOWED		LESS ADVANCES, FUNDS AND TRANSPORTATION FURNISHED		BALANCE DUE TRAVELER		BALANCE DUE FROM TRAVELER	
DATE 17 SEP 1974		SIGNATURE OF AUTHORIZING OFFICIAL		on travel order		I authorize my agent, whose signature appears below, to receive currency amounting to _____ of official funds on my behalf and acknowledge receipt of such funds and my responsibility therefor, when paid to my agent.	
DATE 17 SEP 1974		SIGNATURE OF CERTIFYING OFFICER		RECEIVED		IN CURRENCY 25X1A9a	
DATE 9 Sep 74		PREPARED BY		DATE		REVIEWED BY	
E2 IMPDET, CL BY: 025394		TOTALS		2246 89		2246 89	

SPACE BELOW FOR EXCLUSIVE USE OF OFFICE OF FINANCE																	
DESCRIPTION—ALL OTHER ACCOUNTS 13-33		34-39 STATION CODE		40-41 E X C O D E D		42-47 OBLIG. REF. NO.		48-49 OBL. REF. SUB. NO.		50-54 LC IO QD ACCT. NO.		55-66 COST—FAN ACCOUNT SYMBOL		67-70 OBJECT CLASS		71-80 AMOUNT	
DESCRIPTION ADVANCE ACCOUNTS 13-27		28-33 SHIP. DOC. NO.		32-33 DIV.		REC. RPT. NO.		PROJECT NO.		ADVANCE ACCT. NO.		61-66 CK. NO.		68-70 OC OR DUE DATE		DEBIT CREDIT	
25X1A9a		Hqs.		88		983		2		4241		4		179-9400		2 132	
																2246 89	
																2081 00	
																165 89	

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SCHEDULE C ADVANCES, FUNDS AND TRANSPORTATION FURNISH FOREIGN CURRENCY							
DATE	SOURCE	CASH	TICKETS	GTRS	AMOUNT	RATE OF EXCHANGE	AMOUNT
19							
25X1A6a							2081.00

25X1A6a SCHEDULE OF TRANSPORTATION COSTS (Attached receipts)						
MODE	CARRIER	ACCOMMODATIONS OR MILEAGE	FROM	TO	HOW OBTAINED GTR #, CASH, OTHER	COST
Allowed		O/W air		+8%		1554.74
Allowed		O/W POV				46.08
Allowed		O/W air				308.66
TOTAL						1909.48

QUARTERS OR MEALS FURNISHED WITHOUT COST OR AT NOMINAL COST AND LEAVE TAKEN

Specify below any leave taken and any quarters or meals furnished by the Government without cost or at a nominal cost to traveler during period covered by this travel voucher and make appropriate deduction from schedule of expenses. (If none, state "NONE")

LEAVE—TYPE—DATE(S)—TIME	H/L 1345 12 July 74 to 1000 25 July 74
QUARTERS—DATE(S)	H/L 2000 26 July to 0830 12 Aug 74
MEAL(S)—DATE(S): Specify B for breakfast, L for Lunch and D for Dinner	

SCHEDULE OF EXPENSES OTHER THAN TRANSPORTATION AND ITINERARY OF TRAVELER*

DATE 19	(Furnish complete itinerary, showing departure and arrival times, per diem claimed, and other expenses, in chronological sequence.)	AMOUNT CLAIMED	
		PER DIEM	OTHER
	See attached per diem & other expenses	238.50	98.91
	CHECK ONE: <input checked="" type="checkbox"/> TOTALS	238.50	98.91

USE CONTINUATION SHEET FORM NO. 22a. IF ADDITIONAL SPACE IS REQUIRED

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EMPLOYEE NUMBER

482612

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Home

1000 26 JULY To 0830 12 AUG 74

SIGNATURE OF CERTIFYING OFFICER

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BEST COPY
AVAILABLE

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